

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003118

STATE FILE NUMBER

AMENDED

Registration District No.

278

Primary Registration District No.

3054

Registrar's No.

23

FILED FEB 8 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Louisiana

Length of stay in 1b

3 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Pike County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

Pike

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Clarksville

d. STREET ADDRESS (If outside, give location)

Gen Del.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

---Garry---
Carya

Carter

4. DATE
OF
DEATH

Month

Day

Year

Jan

29

1962

5. SEX

Male

6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/7/1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plasterer

10b. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (City and state or country)

Clarksville, Missouri

U.S.A.

13a. FATHER'S NAME

Warner Carter

13b. MOTHER'S MAIDEN NAME

Marcella Jackson

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Pida Price, Clarksville, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

peritonitis

INTERVAL BETWEEN
ONSET AND DEATH

2 d.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

small bowel strangulation

3 d.

DUE TO (c)

adhesive band in cul-de-sac

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

gangrene, D leg & severe ASND

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1961, to death and last saw her alive on 1-29-62 at 7pm
Death occurred at 8:00 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward H. Jackson, M.D.

22b. ADDRESS

Clarksville, Mo.

22c. DATE SIGNED

1-31-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2/1/1962

23c. NAME OF CEMETERY OR CREMATORY

Green Wood Cemetery

23d. LOCATION (City, town, or county)

Clarksville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sterne Funeral Home, Louisiana, MO.

25. DATE REC'D. BY LOCAL REG.

Jan 2-62

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. B. Sterne

Licensed Embalmer No. HC 39

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.